


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED


05 MAY 27 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005231 1. Entity Name SUNSHINE & SUNSET DAYCARE & KINDERGARTEN, INC.	
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Principal Place of Business 4339 N.W. 7TH AVENUE MIAMI, FL 33127	Mailing Address 4339 N.W. 7TH AVENUE MIAMI, FL 33127
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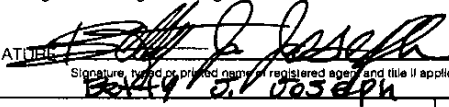
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	05022005 REIN-NP	CR2E099 (6/04)
4. FEI Number 59-2072861	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	

04-05

6. Name and Address of Current Registered Agent JOSEPH, BETTY J 555 N.W. 111TH STREET MIAMI, FL 33168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, BETTY	NAME	
STREET ADDRESS	555 N.W. 111TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, TOMMIE	NAME	
STREET ADDRESS	555 N.W. 111TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, JANICE M	NAME	
STREET ADDRESS	720 S.W. 10TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JIMMIE L	NAME	
STREET ADDRESS	555 N.W. 111TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33168	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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05/27/05--01043--006 **122.50

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty J. Joseph Date: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #: 305-756-7071